



OP-0001-W1-F1

VER. 1.2.0

Effective Date: 04/19/2012

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Condition of kit received

- Acceptable
- Damaged, usable
- Damaged, NOT usable: Report defective kits to kit supplier (CBR).

For damaged items, please insert comment at end of form clarifying problem(s)

Kit ID number on outside of box (GTEx-XXXX): _____

- Fiberboard box with External label "caHUB Collection Yellow Kit" and External kit ID label (x1)**
- Strips of 2-inch wide, clear tape (x3) 12-inch strips of narrow, clear tape (x2)
- 1 lb freezer brick (x4) (Keep at room temperature. DO NOT FREEZE OR REFRIGERATE).
- Absorbent pad (x1)
- External "Peel off label when samples are shipped" label (x1)
- Styrofoam box insulation including 4 sides, bottom, and lid

- Shipping Canister with screw-cap lid and o-ring and Biohazard label (x1)**
- Circular foam canister lid insert (x1) Biohazard bag to hold foam insert (x1)
- Circular foam insert with cut-outs for tubes (x1) Gallon-sized ziplock bag to house canister(x1)
- 10mL ACD vacutainer tube with sequence 0001,0002,0003,0004 labels (x4)
- 2.5mL PAXgene® RNA vacutainer with sequence 0005 and 0006 labels (x2)

Forms

- GTEx Discrepancy Checklist for Yellow Kit form (x1) Gallon-sized ziplock bag for paperwork (x1)

Note: No Air Waybill is provided as part of the kit. Shipment must be arranged through shipping vendor.

Yellow Kit Blood Tubes	
Sequence 0001 (ACD) Lot #:	Expiration Date:
Sequence 0002 (ACD) Lot #:	Expiration Date:
Sequence 0003 (ACD) Lot #:	Expiration Date:
Sequence 0004 (ACD) Lot #:	Expiration Date:
Sequence 0005 (PAX) Lot #:	Expiration Date:
Sequence 0006 (PAX) Lot #:	Expiration Date:

Comments:

Form completed by BSS staff (insert name)	Date and time form completed
	Date: _____ Time: _____
Form sent to Study Management Group by BSS staff (insert name) Only if discrepancy noted	Date and time form sent
	Date: _____ Time: _____